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SCHAEFER (T.W.)

The Commercialization of Medicine;

OR, THE PHYSICIAN AS TRADESMAN.

A Sociological Study.

BY

THEODORE W. SCHAEFER, M. D.,
KANSAS CITY, MO.

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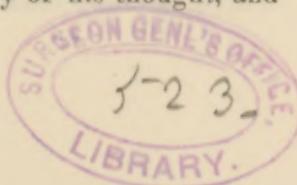
A SOCIOLOGICAL STUDY.

BY THEODORE W. SCHAEFER, M.D., KANSAS CITY, MO.

THE RULING IDEA OF OUR TIMES.

WE are living in an epoch of theoretical as well as practical materialism. The dominant, central idea of most every one is the speedy attainment of riches. In the past aristocracy was the fad and great source of imitation; now money is the *primum mobile*. Never was there so much wealth massed together, and never did history record so many millionaires, as now.

In all the principal schools of learning — both in Europe and America — we have apostles making propaganda for the new faith, and in the every-day walks of life we see the spirit of the age manifesting its influence upon the various avocations. The materialistic or realistic tendency of the age, acting like a stimulus, sets the intellectual and physical powers of man in motion, influencing and moulding literature, the arts, the sciences, medicine, and, last not least, the governments in their activity of advancing the interests of commerce and industry. The history of civilization promulgates the fact that there is an onward drift of thought, an evolutionary progressive development of the various intellectual powers and capabilities, a continuous substituting of a higher for a lower kind of psychic influence, the social medium thereby being advanced in its industrial, moral, intellectual, esthetic, etc., phases — phenomena analogous to the history of evolution in the different departments of biology. The history of man is also the history of his thought, and



the civilization of a people may be considered the reflex of its intellectual status. Each sociological period has its ruling or guiding idea, which produces its characteristic mental type or impress. The bent of thought in the past was idealism, now materialism is the chief intellectual momentum of our times. The fact that materialism admits the value of itself alone to the exclusion of idealism, demonstrates its exaggerated tendency, which it manifests in all the intellectual expressions of our times, being a kind of *idée fixe*.

Industrial man is, *κατ'έξοχήν*, the product of the present drift of thought, which gives him his characteristic physiognomy, recognizable in all the avocations. The industrial or mercantile spirit, being a phase of materialism, pervades most all the pursuits of life. It seeks to over-value the material, that is, the commodities and money, entirely disregarding the speculative or metaphysical, only recognizing ideas which it can materialize or realize, so to speak, subjecting them to a practical application.

THE INFLUENCE OF MATERIALISM OR REALISM UPON MEDICINE.

Realistic and materialistic doctrines have greatly influenced the tendency of medical thought in our day. The inductive method (the investigations by the senses) is now chiefly cultivated in our institutions of learning, whilst the study of ancient classics is considered as not at all necessary and a mere waste of time. On perusing the literature of the day one easily perceives the realistic trend of thought, for the notion is more and more manifesting itself that common-school education is as good as college education; that all the classical barriers should be broken down; that the sciences, and medicine especially, should be brought within the easy reach of every one — in other words,

they should be *popularized*; and, lastly, that these studies should be divested, in some mysterious manner, of their intricacies or minutiae, and made practical and comprehensible to both tradesman and student. The practical man, or *homme machine*, does not believe in any social or intellectual restrictions, but fosters free-trade ideas, so to speak, believing himself competent to hold any of the educational stations of life. Being a genius for business, he chiefly concerns himself with the realities of life, and considers those qualities, from his mode of thinking, which contribute to social efficiency and material prosperity, of far greater importance than those which are essentially cultural and humanistic. He divests medicine of its time-honored humanistic and classical embellishments and drags it out of its professional realm into the domain of commercialism.

THE COMMERCIALIZATION OF MEDICINE.

In these days of active competition, when the Darwinian motto, "the struggle for existence," finds its practical demonstration, there is not a single human avocation left untouched by the grasp of materialistic philosophy — not even theology!

Medicine, once a profession, is now a trade, and is making rapid strides towards its complete commercialization. The medical jobber has but one goal, and that is the acquisition of wealth. All higher ideals must give way to satisfy material desires. The physician of to-day must possess a mercantile mind and adapt himself to modern conditions of life if he hopes to make a success of his calling, otherwise he is a failure. The possession of a diploma, first of all, and a good social knowledge and how to use business methods with advantage, are factors of prime importance. A thorough medical knowledge is not essential, for it is

a notorious fact that those who possess only a smattering of medical knowledge succeed best!

On walking along the streets of our large cities one is really amazed to see the enormous number of doctors' signs dangling in the air. Every little country town has more doctors than it can support. Almost on every country cross-road a doctor is waiting for patients. Why so many doctors? and can all of them make a living? During the preparation of this article, I find on my table the September number of *The Forum*, which contains the very erudite and elaborate article, "The Pay of Physicians and Surgeons," by Dr. George F. Shrady. On reading the article, I find a few discrepancies in regard to the income of the average physician. His estimates are inaccurate and misleading. I wish to state right here that a great deal of ignorance exists in the minds of those contemplating the study of medicine. *The supposed fabulous income of a great majority of physicians is a fiction!* The fact is that the young physician, in the first five years of his practice, hardly earns his board, and his income often does not amount to fifteen dollars a month in cash!

It is but natural to expect, by reason of the appalling number of struggling physicians, that pauperism is making itself felt in the overcrowded ranks of the medical profession in this country. Many physicians make their living in questionable ways. In the struggle for bread ethics are cast aside and the code remains a dead letter. The present socio-economic conditions are responsible for the existence of a *medical proletariat!* Every one of them wants to live, and in the struggle for self-assertion the conventional and disguised warfare of civilized life, called "competition," which is nothing else but individual antagonism, is brought into play. The saying, that "the forward dog gets

the bone," finds its application even in medicine. This egotistic spirit has created the specialist, who is encroaching more and more upon the domain of the family physician, whose days are counted. A purely one-sided education of special branches in medicine has taken the place of a universal or humanistic education. When our so-called "medical colleges" (*medical combines!*) turn out men reared in inferior environments, with rudimentary ethics and who are sadly deficient in literary as well as scientific qualifications, what can we otherwise expect? These commercial medical colleges send out men equipped with didactic, not practical, knowledge. Physicians are not slow in adapting themselves to the changes of the social organism. They are becoming more and more gregarious, instead of remaining individualistic in their habits. Egotism must naturally give way to altruism. In congregating in large buildings, they imitate the sociality of bees, for they realize that concerted action (coöperative association) is far more remunerative in its results than antagonistic or competitive individualism. The conditions favoring the aggregation of physicians have greatly changed the socio-economic status of the medical practice. The social forces are working towards collectivism, which favors division of labor with differentiation of function and increased centralization.

Nowadays, especially in the cities, physicians are becoming more and more mercantile by imitating the industrialists or shopkeepers. Their offices gravitate toward the heart of the city, where medicine becomes centralized in large buildings. Here physicians are brought into intimate association; they learn to cultivate friendly sentiments and absorb knowledge from another, instead of pursuing an aggressive, individualistic existence in a state of segregation. Here is life and motion. The busy ring of the telephone, the fa-

miliar click-click of the typewriter and even of the telegraph instrument (by the railroad surgeon) strike one's ear. Amid this tumult of mercantile enterprise we find the specialist, the representative of medical mercantilism, busily engaged in sending out his pamphlets broadcast to physicians, soliciting their patronage, just like the merchant who sends out his circulars. Is this not advertising? In short, the modern doctor's office is transformed into a mercantile establishment.

Our native American is, *par excellence*, the $\zeta\omega\sigma\lambda\alpha\tau\mu\kappa\sigma\omega$ of this country, and feels himself at home in medicine as the duck does in water. The mercantile spirit that dwells in his bosom is responsible for the present chaotic condition of medical practice. He has commercialized every branch of the medical art. The medical industrialist flourishes in greater numbers in this country than elsewhere. His mercenary mind creates medical combines or trusts (so-called "medical colleges," hospitals, dispensaries, etc.), which are a detriment to the medical profession at large. Through the instrumentality of these collective medical bodies, he is enabled to advertise and aggrandize himself and increase his practice and derive a revenue from students and doctors, depriving the latter of their proper *clientèle*.

Everything points towards centralization and nationalization in medicine. These medical combines are becoming more and more selfish and aggressive and their purpose is *to centralize medicine and to crush out the independent, general practitioner*. Most of our hospitals, clinics and dispensaries are *controlled by medical cliques who endeavor to monopolize all surgical and medical work, excluding the outside physician from participation*. Physicians are now doing less and less medical and surgical practice, and the day is not far

distant when patients will be treated in institutions and the general practitioner will be dispensed with.

Medical practice is nowadays becoming so unremunerative that physicians are compelled, from sheer necessity, to seek for secondary avocations in order "to keep the wolf from the door." Most physicians are on the lookout for positions that are compatible with their calling. There is a lively scramble for positions that are remunerative. We have physicians who do contract labor for life-insurance companies, lodges, societies, railroads, street-car and cable lines, factories, mills, mines, smelters, packing-houses and other corporations too numerous to mention. Just as we have our corporation lawyers, so do we have our corporation physicians and surgeons. As every employé is assessed a certain sum monthly from which the corporation physician or surgeon receives his salary, it will be easily perceived that this contract labor of physicians does a great harm to the medical profession and contributes materially in lowering its dignity.

So much for medical institutionalism and contract labor. The changing social organism shows us conspicuously that the family physician is nearing his extinction, being supplanted by the specialist, who in turn is now suffering from institutional encroachment. The clamor for public medical positions, municipal, state and federal, is great. The student of socio-economic medicine can predict with a fair show of approximate certainty that we are rapidly approaching the times when all colleges, hospitals, clinics and physicians will be under the supervision of the general government.

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